

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5761

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Todd

RADFORD

OFFICE USE ONLY

Date Received

TRAVIS COUNTY
CLERK
TEXAS

7/11/04 1:25 PM

FILED
RECORD

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

205 SAILORS RUN
AUSTIN TX 78734

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

801-6633

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JOHN

RICHARDSON

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #

CITY:

STATE:

ZIP CODE

12406 TOMANER TRAIL AUSTIN TX 78756

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

836-5265

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

7 / 1 / 04

7 / 1 / 04

11 ELECTION

Month

Day

Year

ELECTION TYPE

Month

Day

Year

☒ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission (Pers))

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

TOTAL

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

10,000
10,000

30,121 23

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

15,502
15,502

23,041

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

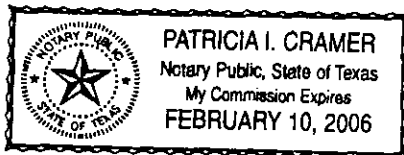
X

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Todd Radford
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Todd Radford this the 9th day of July 20 04 to certify which, witness my hand and seal of office.

Patricia I. Cramer
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

TODD RAEFORO

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1

5 Full name of contributor

☐ out-of-state PAC (ID#)

William Aleshire

7 Amount of
contribution (\$)

100.

8 In-kind contribution
description (if applicable)

6 Contributor address: City: State: Zip Code

3005 SHADY VALLEY DR.
AUSTIN TX 78739

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/2

Full name of contributor

☐ out-of-state PAC (ID#)

RIP COLLINS

Amount of
contribution (\$)

750.

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

1100 GUADALUPE
AUSTIN TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2

Full name of contributor

☐ out-of-state PAC (ID#)

ANTONIO WAINES

Amount of
contribution (\$)

150.

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

1602 E. 7th
AUSTIN TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2

Full name of contributor

☐ out-of-state PAC (ID#)

RIP COLLINS

Amount of
contribution (\$)

500.

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

1100 GUADALUPE
AUSTIN TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1

Full name of contributor

☐ out-of-state PAC (ID#)

J. GRANT GOMEZ

Amount of
contribution (\$)

5000.

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

8705 SHOCK LANE #109
AUSTIN TX 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2

5 Full name of contributor

☐ out-of-state PAC (ID#)

C. CRAIG CARLSON

6 Contributor address; City: State: Zip Code

6201 320 LAVES #320
Austin TX 78746

7 Amount of
contribution (\$)

2500

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/2

Full name of contributor

☐ out-of-state PAC (ID#)

TODD SKINNER

Contributor address; City: State: Zip Code

1209 LARKENAM DR.
LARKENAM TX 78734

Amount of
contribution (\$)

500.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4

Full name of contributor

☐ out-of-state PAC (ID#)

J. CHRISTOPHER HUGHES

Contributor address; City: State: Zip Code

615 Kipling #9
Houston TX 77006

Amount of
contribution (\$)

500.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City: State: Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City: State: Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">TODD RANFORD</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="text-align: center; font-size: 1.2em;">3/4</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">A&D INNOVATIONS</div>	7 Amount (\$) <div style="text-align: center; font-size: 1.2em;">500.</div>
6 Payee address: City: State: Zip Code <div style="text-align: center;">2101 EVA STREET AUSTIN TX 78704</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">Automated Calls</div>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <div style="text-align: center; font-size: 1.2em;">3/5</div>	Payee name <div style="text-align: center; font-size: 1.2em;">RBH</div>	Amount (\$) <div style="text-align: center; font-size: 1.2em;">2500.</div>
Payee address: City: State: Zip Code <div style="text-align: center;">3217 N IH35 AUSTIN TX 78722</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">MAILER</div>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <div style="text-align: center; font-size: 1.2em;">3/5</div>	Payee name <div style="text-align: center; font-size: 1.2em;">IMPACT ANALYSIS</div>	Amount (\$) <div style="text-align: center; font-size: 1.2em;">400.</div>
Payee address: City: State: Zip Code <div style="text-align: center;">P.O. Box 539 KYLE, TX 78640</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">DEMOGRAPHIC ANALYSIS / VOTES</div>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <div style="text-align: center; font-size: 1.2em;">3/8</div>	Payee name <div style="text-align: center; font-size: 1.2em;">Home Depot</div>	Amount (\$) <div style="text-align: center; font-size: 1.2em;">58.22</div>
Payee address: City: State: Zip Code <div style="text-align: center;">3600 FM 620 S. BEE CAVE, TX 78738</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">SIGN STUFF</div>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME TOOD RANERO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2	5 Payee name CHECKMARK	7 Amount (\$) 2241.67	
6 Payee address: City: State: Zip Code 3217 N. IH35 AUSTIN TX 78722			
8 Purpose of payment (See instructions regarding type of information required.) SIGNS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/2	Payee name WORLEY PRINTING	Amount (\$) 338.82	
Payee address: City: State: Zip Code 3217 N. IH35 AUSTIN TX 78722			
Purpose of payment (See instructions regarding type of information required.) PRINTING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/2	Payee name RBH	Amount (\$) 2479.94	
Payee address: City: State: Zip Code 3217 N IH35 AUSTIN TX 78722			
Purpose of payment (See instructions regarding type of information required.) PRINTING FOLDERS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/2	Payee name TIME WARNER CABLE	Amount (\$) 5984.00	
Payee address: City: State: Zip Code 12012 N. MOPAC AUSTIN TX 78758			
Purpose of payment (See instructions regarding type of information required.) TV COMMERCIAL AIR TIME		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME Tom Barko		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/25	5 Payee name Rick Bailey	7 Amount (\$) 500.	
6 Payee address; City: State: Zip Code P.O. Box 2062 Austin TX 78768			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Manager Fee		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 7/1	Payee name RBH	Amount (\$) 500.	
Payee address; City: State: Zip Code 3217 N IH35 Austin TX 78722			
Purpose of payment (See instructions regarding type of information required.) MAN / ELTER FEE BALANCE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
Payee address; City: State: Zip Code			
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
Payee address; City: State: Zip Code			
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**C/OH REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

See C/OH Instruction Booklet for detailed instructions.

-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

1 C/OH NAME

TODD RADFORD

2 ACCOUNT #

3

CANDIDATE / OFFICEHOLDER

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4

CANDIDATE

-- Complete A & B below only if you are a candidate and not an officeholder --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5

OFFICEHOLDER

-- Complete this section only if you are both a candidate and an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

